



COMMITTEE ID NUMBER (office use only)

COM 22 - CO/C

COMMITTEE TYPE (choose one):

Committee Name (required): (first or last name & office)	Jadi Whitehead for Shew Low City Count
Candidate Information:	Candidate's Name (required): <u>Todi Whitehead</u>
	Candidate's mailing address (required): 961 N. 34th Dr
	Candidate's email address (required): jodi. K. whitchead @ gmail
	Candidate's phone number (required): 160 985 2265
	Candidate's website (if any):
Office Sought (choose one):	County Office: District (if applicable):
emee cougm (encode enc).	
	City/Town Office: City (oun il District (if applicable):
	School Board Office: District (if applicable):
	☐ Special District Board: ☐ District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required): 2022
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
(required for partisan offices)	
☐ Political Action Com	mittee (PAC)
Committee Name (required):	Todi Whitchead for Showbar City Counci
(if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
0	
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
(if applicable)	Sponsor's mailing address (required):Sponsor's email address (required):
(if applicable)	Sponsor's mailing address (required):
(if applicable)	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):
Special Status	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Deparate Segregated Fund of a Corporation, LLC, Partnership, or Union
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Special Status (if applicable)	Sponsor's mailing address (required):
Special Status (if applicable)  Political Party	Sponsor's mailing address (required):
Special Status (if applicable)  Political Party Committee Name (required):	Sponsor's mailing address (required):
Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation	Sponsor's mailing address (required):
Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  Todi Whitehoad For Shw Low City Council
Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
(if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation  Jurisdiction:	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Sponsor's website (if any):  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status if applicable)  Political Party  Committee Name (required): (must include party affiliation	Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  Standing Committee (must also complete separate standing committee registration)  Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

Initial Application
Amended Application
Date:



COMMITTEE ID NUMBER (office use only)

## COMMITTEE INFORMATION:

Candidate's signature (if applicable):

Committee's mailing address (required): 9(1) N. 34th Dr Showlow Committee's email address (required): 160 985 2265  Committee's phone number (required): 160 985 2265  Committee's website (if any): 160 985 2265  Chairperson's name (required): 160 N. 34th Dr Show Love A Chairperson's mailing address (required): 160 985 2265  Chairperson's email address (required): 160 985 2265  Chairperson's employer (required): 160 985 2265  Chairperson's cocupation (required): 160 985 2265  Chairperson's occupation (required): 160 985 2265  Chairperson's employer (required): 160 985 2265  Treasurer's Information: 170 961 N. 34th Dr Show Love A Treasurer's mailing address (required): 160 N. 34th Dr Show Love A Treasurer's mailing address (required): 160 N. 34th Dr Show Love A Treasurer's mailing address (required): 160 N. 34th Dr Show Love A Treasurer's mailing address (required): 160 N. 34th Dr Show Love A Sho		
Committee's phone number (if any): 160 985 2265  Committee's website (if any): 200 Whitelead  Chairperson's Information: Chairperson's name (required): 34h Whitelead  Chairperson's mailing address (required): 961 N 34h Dr Show Look  Chairperson's email address (required): 200 P 85 2265  Chairperson's email address (required): 210 P 2 Dream Centers  Chairperson's employer (required): 210 P 2 Dream Centers  Chairperson's occupation (required): 210 N 24h Dr Show Loo  Treasurer's Information: 34h Dr Show Loo  Treasurer's name (required): 320 Whitelead  Treasurer's mailing address (required): 34h Dr Show Loo  Treasurer's mailing address (required): 36h K Whitelead  Treasurer's email address (required): 36h K Whitelead  Treasurer's employer (required): 36h K Whitelead  Tr	Contact Information:	
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Chairperson's Information:  Chairperson's physical address (required):		Committee's phone number (if any): 760 985 2265
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Chairperson's mailing address (if different):  Chairperson's email address (required):  Chairperson's phone number (required):  Chairperson's employer (required):  Chairperson's employer (required):  Chairperson's occupation (required):  Chairperson's occupation (required):  Treasurer's Information:  Treasurer's name (required):  Treasurer's mailing address (required):  Treasurer's name (required):  Treasurer's name (required):  Treasurer's email address (if different):  Treasurer's email address (if different):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's employer (required):  Treasurer's employer (required):  Treasurer's occupation (required):  Director of bevelopment  Treasurer's physical address (required):  Treasurer's physical address (required):  Treasurer's email address (	Chairperson's Information:	
Chairperson's email address (required):  Chairperson's phone number (required): Tto 0 9852265  Chairperson's employer (required): Living Hope Dream Center  Chairperson's occupation (required): Director of Development  Treasurer's Information:  Treasurer's name (required): Teading Whitehead  Treasurer's mailing address (required): 961 N 2441 Dr Chawlow  Treasurer's mailing address (required): Jodin K. whitehead gmail.com  Treasurer's email address (required): Jodin K. whitehead gmail.com  Treasurer's email address (required): 100 9852265  Treasurer's employer (required): Living Hope Dream Center  Treasurer's occupation (required): Director of Development  Bank or Financial Institution:  Bank name (required): Washington Federal Shaulow  Additional bank name (if applicable):  Additional bank name (if applicable):		Chairperson's physical address (required): 961 N 34th Dr Shaw Cho A
Chairperson's phone number (required): Too 9852265 Chairperson's employer (required): Living Hose Dream Center Chairperson's occupation (required): Director of Development Treasurer's Information:  Treasurer's name (required): Jadi Whitchead Treasurer's physical address (required): 961 N 3 44n Dr Shawlan Treasurer's mailing address (if different): Treasurer's email address (required): Jodi K. Whitchead ganail.com Treasurer's phone number (required): 760 9852265 Treasurer's employer (required): Living Hose Dream Center Treasurer's occupation (required): Director of Development Bank or Financial Institution: Bank name (required): Washington Federal Shawlan Additional bank name (if applicable): Additional bank name (if applicable):		Chairperson's mailing address (if different):
Chairperson's employer (required): Living Hose Dream Centers Chairperson's occupation (required): Director of bevelopment  Treasurer's name (required): Jadi Whitchead  Treasurer's physical address (required): 901 N 3441 Dr Show Low  Treasurer's email address (if different):  Treasurer's email address (required): Jodi K. Whitchead guaril.com  Treasurer's phone number (required): 100 9852265  Treasurer's employer (required): Living Hose Dream Center  Treasurer's occupation (required): Director of bevelopment  Bank or Financial Institution:  (do not list acct numbers)  Additional bank name (if applicable):  Additional bank name (if applicable):		
Chairperson's occupation (required): Director of Development  Treasurer's Information:  Treasurer's name (required): Jodi Whitchead  Treasurer's mailing address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's phone number (required): 1 Jodi K. Whitchead gunail.com  Treasurer's employer (required): 1 Living Hope Dream Conter  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's employer (required): 1 Jodi K. Whitchead gunail.com  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's employer (required): 1 Jodi K. Whitchead gunail.com  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's employer (required): 1 Jodi K. Whitchead gunail.com  Treasurer's occupation (required): 1 Jodi K. Whitchead gunail.com  Treasurer's phone number (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.com  Treasurer's email address (required): 1 Jodi K. Whitchead gunail.		Chairperson's phone number (required): 760 9852265
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Treasurer's physical address (required): 961 N 344n Dr Shawlun  Treasurer's mailing address (if different):  Treasurer's email address (required): Jodi · K · Whitchada gmail · com  Treasurer's phone number (required): 760 9852265  Treasurer's employer (required): Living Have Dream Center  Treasurer's occupation (required): Director of benulopment  Bank or Financial Institution: (do not list acct numbers)  Additional bank name (if applicable):  Additional bank name (if applicable):		Chairperson's occupation (required): <u>Director of Development</u>
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	(do not list acct numbers)	
TION AND SIGNATURES:		Additional bank name (if applicable):
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	TION AND SIGNATURES:	
	I declare under penalty of per chairperson or treasurer of the	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as ne committee named herein, if applicable: (2) designate the above-named committee as my official candidate
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate	committee and authorize it to	preceive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's	§§ 16-901 to 16-938; and (5)	agree to accept all notifications and legal service of process for campaign finance purposes via the email
chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate	address(es) provided herein.	
chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.	Chairnerson's signature	(X()
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Date: S-29- 2022